

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/591,681</b>	FILING DATE <b>9-5-06</b>
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
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48								
49								
50								
TOTAL IND.	4	↓		↓		↓		
TOTAL DEP.	43	←		←		←		
TOTAL CLAIMS	47							
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TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								